

Darin M Camarena Health Centers, Inc.
COMMUNITY ASTHMA INTERVENTION REFERRAL
344 East 6th Street
Madera, Calif. 93637
559-675-5600

<u>Agency Information</u>	<u>Patient/Client Information</u>
Date of referral _____	Patient/Client Name _____
Referring Agency _____	Address: _____
Agency Address: _____	Zip code _____
Zip Code: _____	Phone: _____
Agency Contact: _____	Patient/Client Date of Birth _____
Contact Phone: _____	Gender: Female Or Male
<u>Referral made by:</u> <input type="checkbox"/> Nurse <input type="checkbox"/> Case Manager <input type="checkbox"/> Other _____ _____	Parent/Guardian _____
Signature: _____	<u>Relationship to Patient</u> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Other _____

Agency-Referral Request for

<input type="checkbox"/> Asthma Education Protocol <input type="checkbox"/> Doctor's appointment	<input type="checkbox"/> Asthma Family Group Session <input type="checkbox"/> Home environment intervention
Symptoms	
<input type="checkbox"/> Coughing <input type="checkbox"/> Tight chest <input type="checkbox"/> Wheezing <input type="checkbox"/> Difficulty Breathing Other _____	

Copy to: Patient chart, Health Ed dept., Referring Agency

Rev 3/25/02

DMCHC-Referral/Consultation Results

<u>Provider Information</u>	<u>Health Education</u>
<input type="checkbox"/> Doctor's Appointment _____ <div style="text-align: center;">(Date)</div> <input type="checkbox"/> Doctor's referral to <u>Asthma Health Education</u> <input type="checkbox"/> Next appointment date: _____ Doctor's comments: _____ _____ _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Doctor's Signature _____ Date </div>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Asthma Education Protocol <input type="checkbox"/> Attended Family Group Session </div> <div style="display: flex; justify-content: space-between;"> Date: _____ Date: _____ </div> <div style="display: flex;"> <div style="width: 60%;"> <u>Education Included:</u> () What is Asthma () Medications () Medication Management Plan () Patient ID Card () Demonstrate Medication Device () Access/Referral () Role Playing Medication Devices () Asthma Triggers () Environment Trigger Reducers () Referral to Provider () Other _____ </div> <div style="width: 35%;"> <u>Provided Patient</u> <input type="checkbox"/> Aero-chamber <input type="checkbox"/> Med Mngmt Plan <input type="checkbox"/> Peak Flow Meter <input type="checkbox"/> Nebulizer </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ Health Educator Signature _____ Date </div>